BRADLEY HEALTH/REHAB CENTER

6735 WEST BRADLEY ROAD

MI LWAUKEE 53223 Phone: (414) 354-3300 Ownership: Corporati on Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 208 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 255 Average Daily Census: 180 Number of Residents on 12/31/00: 176

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00	%				
Home Health Care	No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year	34. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	58. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	18. 2	More Than 4 Years	7. 4
Day Services	No	Mental Illness (Org./Psy)	23. 9	65 - 74	17. 0		
Respite Care	No	Mental Illness (Other)	11.4	75 - 84	31. 8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	26. 7	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3. 4	95 & Over	6. 3	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	5. 1	65 & 0ver	81. 8		
Transportation	No	Cerebrovascul ar	5. 1			RNs	8. 9
Referral Service	No	Di abetes	22. 2	Sex	%	LPNs	8. 1
Other Services	No	Respiratory	4. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	25.0	Male	44. 9	Aides & Orderlies	46. 5
Mentally Ill	No			Female	55. 1		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100. 0	[
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Method of Reimbursement

		36 10															
		Medic (Title		Medicaid (Title 19)			Other P			Pri vate Pay			Monag	ed Care	Percent		
		(IIII)	,		(1111	,		UCII			rrvate	5		Manag			
			Per Di	em		Per Die	m		Per Die	em		Per Dier	n		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No). %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	10	100. 0	\$273. 56	15	10. 1	\$114. 91	0	0. 0	\$0.00	1	10. 0	\$199. 96	1	14. 3	\$422. 50	27	15. 3%
Skilled Care	0		\$0.00	124	83. 8	\$98. 80	1	100. 0	\$92. 98	9		\$199.96	6		\$355.00	140	79. 5%
Intermediate				9	6. 1	\$82.69	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	9	5. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	10	100.0		148	100. 0		1	100.0		10	100.0		7	100.0		176	100.0%

BRADLEY HEALTH/REHAB CENTER

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of $12/31/00$										
Deaths During Reporting Period												
				•	% Needi ng		Total					
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of					
Private Home/No Home Health	11. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents					
Private Home/With Home Health	1.6	Bathi ng	0. 0		47. 2	52. 8	176					
Other Nursing Homes	5. 2	Dressi ng	6. 8		46. 0	47. 2	176					
Acute Care Hospitals	79. 6	Transferring	25. 6		40. 9	33. 5	176					
Psych. HospMR/DD Facilities	1.6	Toilet Use	17. 0		45. 5	37. 5	176					
Rehabilitation Hospitals	0.0	Eating	51.7		22. 7	25. 6	176					
Other Locations	0. 5	**************	********	*****	********	***************	******					
Total Number of Admissions	191	Continence		%	Special Treatme	ents	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	11.4	Receiving Res	spi ratory Care	5. 7					
Private Home/No Home Health	25.6	0cc/Freq. Incontinen	t of Bladder	71.0	Recei vi ng Tra	cheostomy Care	1. 7					
Private Home/With Home Health	7. 7	0cc/Freq. Incontinen	t of Bowel	71.0	Receiving Suc	ti oni ng	2. 3					
Other Nursing Homes	9. 2				Receiving Ost	omy Care	9. 1					
Acute Care Hospitals	25. 1	Mobility			Receiving Tub	e Feeding	14. 8					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.4	Receiving Med	chanically Altered Diets	13. 6					
Rehabilitation Hospitals	0.0											
Other Locations	3. 1	Skin Care			Other Resident	Characteri sti cs						
Deaths	29. 2	With Pressure Sores		9. 1	Have Advance	Directives	54. 5					
Total Number of Discharges		With Rashes		10. 2	Medi cati ons							
(Including Deaths)	195				Receiving Psy	choactive Drugs	73. 9					

	Ownershi p:		Bed	Si ze:	Li co	ensure:			
	Thi s	Prop	ori etary	20	00 +	Ski l	lled	Al l	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci l	ities
	%	%	Rati o	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70. 6	74.6	0. 95	80. 3	0. 88	81. 9	0.86	84. 5	0.84
Current Residents from In-County	93. 8	84. 4	1. 11	84. 7	1. 11	85. 6	1.09	77. 5	1.21
Admissions from In-County, Still Residing	28. 3	20. 4	1. 39	28. 9	0. 98	23. 4	1. 21	21.5	1. 31
Admi ssi ons/Average Daily Census	106. 1	164. 5	0. 64	96. 3	1. 10	138. 2	0. 77	124. 3	0.85
Discharges/Average Daily Census	108. 3	165. 9	0. 65	100.6	1.08	139. 8	0.77	126. 1	0.86
Discharges To Private Residence/Average Daily Census	36. 1	62. 0	0. 58	26. 4	1. 37	48. 1	0. 75	49. 9	0. 72
Residents Receiving Skilled Care	94. 9	89. 8	1.06	88. 4	1. 07	89. 7	1.06	83. 3	1.14
Residents Aged 65 and Older	81. 8	87. 9	0. 93	90. 4	0. 91	92. 1	0.89	87. 7	0. 93
Title 19 (Medicaid) Funded Residents	84. 1	71. 9	1. 17	73. 5	1. 14	65. 5	1. 28	69. 0	1. 22
Private Pay Funded Residents	5. 7	15. 0	0. 38	18. 7	0. 30	24. 5	0. 23	22.6	0. 25
Developmentally Disabled Residents	0. 0	1. 3	0.00	1. 2	0.00	0. 9	0. 00	7. 6	0.00
Mentally Ill Residents	35. 2	31. 7	1. 11	33. 1	1.07	31. 5	1. 12	33. 3	1.06
General Medical Service Residents	25. 0	19. 7	1. 27	20.6	1. 21	21.6	1. 16	18. 4	1.36
Impaired ADL (Mean)	59. 7	50. 9	1. 17	52. 0	1. 15	50. 5	1. 18	49. 4	1. 21
Psychological Problems	73. 9	52. 0	1.42	49. 4	1. 50	49. 2	1.50	50. 1	1.47
Nursing Care Required (Mean)	8. 3	7. 5	1. 11	6.8	1. 22	7. 0	1. 18	7. 2	1. 16